

ORP Network News

October 6, 2000

1. ORP OUTCOMES IMPROVING:

Recently you will have received the KPI report for the second quarter. The news on the KPI report, as well as the recent Pay for Performance incentive payments indicates that as a whole, the ORP Network is achieving stronger outcomes than last year. In summary, the number of providers receiving the maximum incentive for Durable RTW has increased from 16% in quarter 2, 1999 to 50% of providers in quarter 1, 2000. Congratulations to all of you who have worked hard to achieve this!

2. UPDATED STANDARDS MANUAL

By now you have all had the revised Standards Manual for a few months. At this time, we would like to review some of the issues that have been raised following release of this version of the Standards Manual.

- **DISCHARGE STATUS CATEGORIES**

There is still inconsistency in the use of the Discharge Status categories by providers, especially with regards to the client returning to work with limitations versus being not fit to return to work.

The Discharge Status selected should reflect the client's ability to return to the **pre-injury employment**. In addition to the requirements in standards 4.70 Discharge Procedure and 5.10 Discharge Status Criteria, the following guidelines should be used to ensure that the appropriate discharge status is selected:

- When a client is discontinuing treatment at the provider facility, but is continuing to participate in a modified or graduated RTW, then the discharge date should be at the completion of the modified/graduated RTW or at 10 weeks, **whichever comes first**. If the client's GRTW extends beyond the 10 week program length allowed, then the Discharge Summary should be submitted following the 50th day and the discharge status should reflect that the GRTW is continuing (ie Discharge Status - "Fit to Return to Work with Limitations"; Discharge Status Category Code - "Graduated Return to Work Less Than or Equal to Four Weeks" or Graduated Return to Work Greater than Four Weeks") The length of the GRTW selected will depend on the length of time the GRTW will continue **after** discharge.
- When a client is being discharged as "Not Fit to Return to Work" this refers to the **pre-injury employment**. A Discharge Status Category Code needs to be selected from the drop down options available. For some clients, the drop down options may not accurately reflect the actual recommendations. In these situations select "Recommend Other Program (See Discharge Report)" and document within the body of the report what the specific recommendations are. This would include situations where the client is discharged from the program as not fit to RTW, but may have plateaued and no further treatment is indicated.

- **CLARIFICATION OF 'TREATMENT DAYS'**

There is some confusion surrounding the 'treatment days' versus invoice days on the ERCS invoice.

On the ERCS invoice, the invoice days or 'Days Charged' should reflect the number of days that the client attended the provider facility. Attendance at the worksite for GRTW should not be included in these days. Should a client be assessed and immediately initiated on a GRTW, modifications to the invoice will need to be made. Please contact Janet Brydon, Program Manager, Occupational Rehabilitation Program for assistance (604-231-8841).

For the purposes of determining treatment length or length of stay, the ORP includes up to 2 assessment days in the total 50 days of program length provided.

3. MAXIMIZE FUNCTION REFERRALS

Clients are being referred to the ORP by Case Managers and/or Vocational Rehab Consultants, with the goal to maximize the client's level of function. In most of these cases, the program is advised by the referral source at the outset that the client will not be returning to their pre-injury work and that vocational rehabilitation services will be required prior to re-entry into the workforce. We acknowledge that there is a need for this service and that clients will benefit from a period of treatment in the ORP. In order to collect accurate information on the prevalence of these referrals, we need a consistent way to capture the information regarding these clients through the ERCS reporting system. In order to capture this information, the following procedure should be followed:

- When it has been confirmed by the Case Manager, either prior to, or immediately following the Intake Assessment, that the client is not expected to return to pre-injury work, but would benefit from treatment in the ORP in order to 'maximize function', the program **must** enter 'Not Fit to Return To Work' for the 'Predicted Discharge Status' when completing the ERCS Intake Assessment report. The program should also include a comment in the Treatment Plan section of the report stating that the goal of the program has been clarified or discussed with the Case Manager. **This only applies in situations when the decision has already been made to refer to Vocational Rehabilitation.** In some instances, the decision to refer to Vocational Rehabilitation may be dependent on the outcome of ORP and the goal of ORP is to return the injured worker to the pre-injury employment. The "Original Estimated Discharge Status" in these situations should be "Fit to Return to Work with Limitations" or "Fit to Return to Work without Limitations".

Note: This does not apply to non-job attached workers who are expected to be fit to return to work following participation in the program.

4. REQUESTS FOR NON-ORP SERVICES

We have received feedback that some providers are receiving referrals for non-contracted services under an ORP referral. Examples of these would include referrals for job site visits and GRTW planning and monitoring for non-ORP clients and referrals for functional capacity evaluations. For referrals that are not included under the ORP contract please follow the following procedures:

- Confirm the service requested and the fee for service with the referral source
- Ensure that you receive written authorization for the service (which should include specifics such as timelines and fees) from the WCB referral source.
- **The ERCS invoice and ORP payee number should not be used for these referrals.**
- A manual invoice should be submitted with the attached authorization and **there will be no payee number.**

5. SUBMITTING CLIENT DATA TO PROGRAM EVALUATION AND RESEARCH UNIT (PERU)

Expectations re Export of Data: This is a reminder that as per Standard 6.00 (Injured Worker Data), **it is the provider's responsibility to ensure complete, accurate and timely submission of data.** In addition, **data submission must adhere to data security protocol** (ie encryption). As per Standard 6.00, 1.5 *"Programs who fail to submit the data upon request and upon the deadlines specified may be removed from the list of participating programs."* The data is **due by 4:30 pm the 3rd business day of each month** for the previous month. Over the last several months, a number of providers have been late in exporting their program data to PERU and some providers are exporting the data in a non-encrypted format. Failure to consistently submit accurate, encrypted data by the deadlines may result in removal from the list of participating programs and will be considered during the upcoming contract renewal.

Information that is required: For each client who is discharged in a given month, please ensure that the following information is complete prior to export.

- Discharge Status Criteria (D/C Report)
- Discharge Status Code (D/C Report)
- Days Charged (on the Invoice Screen)

Accuracy of the export may be impacted by clients who are discharged on or shortly before the last day of the month. For those clients discharged in the last few days of the month, it is important that the information be exported to ERCS regarding the discharge, even if the ERCS Discharge Summary Report is not complete. Prior to exporting the data to PERU the 'Days Charged' field needs to be completed on the ERCS invoice, even if the report is not complete and the invoice is not being printed yet.

Program Interrupts: All clients who have an interrupt to their treatment program should have an Interruption of Program screen completed in ERCS. Any client whose length of stay is greater than 50 days should have a program interrupt which would explain the reason for the extension beyond 50 days. Please note that in the revised standards manual, the updated guidelines for program interrupt are for absences from 3 to 15 days.

6. REPORTING

We are receiving feedback that reports are being submitted late to Case Managers and attending physicians. The purpose of receiving reports on time is to assist the Case Managers in prompt decision making and to inform the attending physicians of the client's current progress and treatment/discharge plan. A strong reminder that according to the contract and program standards (5.00 Reports):

*The **Intake Assessment Report** must be faxed to the Case Manager and attending physician within 3 business days of concluding the assessment .*

*The **Intermediate Report** must be faxed to the Case Manager and attending physician within 3 business days following 12 days of the client's program (2 days assessment + 10 days treatment).*

*The **Discharge Summary Report** must be faxed to the Case Manager and attending physician within 3 business days of discharge from the program. Notice of Program Interruption should be completed by the time of discharge.*

As part of the Quality Assurance initiative the timeliness of reports will be monitored in order to ensure that providers are sending the reports as indicated in the Standards Manual (5.00 Reports). A random sample of reports from all providers will be reviewed for report submission dates and those providers whose reports are consistently submitted late will be contacted. Failure to improve reporting procedures within a specified timeframe will be considered during the upcoming renewal of contracts.

We have also been receiving feedback from Case Managers regarding report content. In order to ensure that the reports contain information that is useful to the Case Managers, please use the attached template as a guideline for what should be included in the reports and where.

At an ORP Network focus group meeting regarding Standardized Assessment protocols, there was discussion regarding the use of terms such as *Frequent*, *Occasional*, and *Constant*. Please ensure that if you are using terms such as these, that a definition of these terms is included with each report.

7. CLIENT SATISFACTION RESPONSE RATES

As we increase the quality initiative, one of the items that we have noted is the response rate for the Client Satisfaction Questionnaires.

For the first two quarters of 2000 there were 6 out of 28 providers who met the target response rate of 70% or over for both quarters. We would like to recognize and thank the following providers for their attention to this component of the program:

Columbia – Langley
Kelowna General Hospital
OT Consulting
Summit - Langford
Summit – Nanaimo
Work Readiness – Victoria

The Satisfaction Questionnaire Response Rate is something that will be monitored on a quarterly basis. During the upcoming contract renewal we will be considering options for incorporating the Satisfaction Response Rate in the Pay for Performance Incentive.

Thank you to all of you who have been calling with your feedback and questions.

Please feel free to contact either Duane Endo, Quality Assurance Supervisor (604-231-8895) or Janet Brydon, Program Manager (604-231-8841) should you have any questions or comments.

REPORT CONTENT SUMMARY

ERCS Intake Assessment Report:

Section	Contents
Intake Assessment Report Notes	<p>Program Demographics – The names and professional designations of the assessment team. The dates of assessment.</p> <p>Subjective Findings – Brief summary of client’s subjective reports regarding the current status of the injury. Should include occupation</p> <p>Objective Findings – Brief summary of physical, functional, vocational, psychosocial, behavioural and medical findings (as applicable).</p> <p>Barriers to Return to Work – Summary of the findings which are limiting the return to work.</p> <p>Program Goals – Summary of the goals which have been identified following the assessment.</p> <p>Plan/Recommendations – Brief summary of what the program will include and any needs or preferences of the client.</p>

ERCS Intermediate Report:

Section	Contents
Intermediate Report Notes	<p>Program Demographics – The names and professional designations of the treatment team members.</p> <p>Updated Barriers to Return to Work – Summary of the status of the previously identified barriers if the treatment plan is not progressing as initially expected. Identification of any new barriers that have been identified during the treatment program.</p> <p>Plan/Recommendations – Modifications to the original plan, based on progress to date and updated barriers.</p>

Interruption of Program (Guideline: to be used if the client is absent from the program for 3 to 15 consecutive days. Should be sent with or before D/C report)

Interruption To Program?	Yes/No
Start Date of Program Interruption	Date the interruption began
Date Treatment Resumed	Date that client returned to treatment.
Reason for Interruption	Brief Description of the reason for the interruption to treatment. Disregard the note on the Interruption of Program screen in ERCS that advises that any absence of 10 consecutive treatment days will result in an automatic discharge from the program.

ERCS Discharge Summary Report:

Section	Contents
Program Demographics	Names and professional designation of treatment team
Program Description	<ul style="list-style-type: none"> • Attendance summary • Brief summary of program components (ie was a GRTW included in treatment program) • Brief JSV summary (if applicable) • Summary of status of objective findings that were identified at assessment/interim (physical, functional, psychosocial, medical, vocational, behavioural) if program goals were not achieved. • If the client is not being discharged with the recommendation “Fit to Return to Work Without Limitations” this section should contain a clear summary of current physical abilities with respect to critical physical job demands. The summary of physical abilities should not be restricted to the limitations, but should clearly report what the client’s abilities are.
Barriers	<ul style="list-style-type: none"> • If client is not being discharged with the recommendation “Fit to Return to Work Without Limitations”, this section should contain a summary of outstanding barriers to full return to work (physical, functional, vocational, psychosocial, medical, behavioural). • If the client is discharged “Fit to Return to Work Without Limitations” , some potential barriers to successful durable return to work may persist, and should be documented in this section if applicable.
Client Comments	<ul style="list-style-type: none"> • Subjective feedback or reports from client (may come from subjective component of SOAP notes) • Summary of client feedback/concerns re progress in the program, ability to return to work, etc.
Plan/Recommendations	<ul style="list-style-type: none"> • Statement re discharge recommendations and details regarding any modifications or restrictions if applicable. For example, if the discharge recommendation is for a return to work with limitations, this section of the report should summarize whether the limitations are temporary or permanent, and if they are temporary, the length of time they should be in place. • All recommendations for modifications should be based on objective findings and functional abilities, which should be included in the report. Recommendations should not be based solely on subjective reports. • If the client is not “Fit to Return to Work Without Limitations” at discharge, the report should contain recommendations regarding what the client’s ongoing treatment needs are which would facilitate return to pre-injury employment. <p>All recommendations for clients whose discharge recommendation is not “Fit to Return to Work Without Limitations” should be discussed with the Case Manager prior to discharge from the program.</p>